

The **WSRC TEAM**



Health Choice



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INTRODUCTION

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All benefit plans referred to in this book are sponsored by Westinghouse Savannah River Company, L.L.C. and Bechtel Savannah River, Inc. (WSRC/BSRI).

This book is divided into two sections. The first section, Benefits Overview, provides a brief summary of the employee benefits and certain policy provisions and programs made available to you by the WSRC Team. The second section, General Information, contains important legal and other information concerning the administration of the WSRC/BSRI employee benefit plans, including Plan Information and your rights to benefits from these plans. Also, procedures are outlined on the process of attempting to resolve a problem you might have with any of the plans.

The WSRC Team provides you with a competitive benefits program associated with your employment at the Savannah River Site. Eligibility for benefits should not be viewed as a guarantee of employment. While the WSRC Team intends to continue providing a comprehensive benefits program, the Company reserves the right to modify or terminate any of the benefit plans at any time. For more information on the procedures to modify or terminate benefit plans, refer to the General Information section of this book.

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Benefits Overview

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This section contains a brief description of your benefits. Detailed information is provided separately in the applicable benefit plan book.

Health Choice options are the plans sponsored by WSRC/BSRI that help pay for your medical, dental, vision and dependent day care expenses. Other benefits include plans that assist with your future financial security, and Company policies and programs that add value to your employment with the WSRC Team.

Eligibility for Benefits

The table on the next page provides a general glimpse of the various benefit plans and programs offered by the WSRC Team. This information is subject to change. Depending on your employment status and other factors, you may or may not be eligible for each individual plan or program checked under your listed category. Thus, it is important that you refer to the individual plan books, plan documents, Company policies and program descriptions to determine your specific eligibility.

Important Notice about the Table

The table on the next page provides a general indication of benefits in which most persons affiliated with the WSRC Team may participate. It is not intended to outline the eligibility for benefits in any particular individual situation. That's because there are certain circumstances associated with a person's employment or other status within each broad category in the column headings. To avoid any possible misunderstanding or misinterpretation of your eligibility for certain benefits, you must refer to the specific Plan books, Plan documents, Policies and Program descriptions. Contact your Human Resources Representative for assistance in obtaining more information.

Benefit Plan, Policy or Program	Full Service WSRC Team Employees	DuPont Retiree- Rehires	Retirees of the WSRC Team	Eligible Survivors	Total & Permanent Disability Recipients*
Prime Choice Medical	✓		✓	✓	✓
Standard Choice Medical	✓		✓	✓	✓
BlueChoice HMO	✓				
Basic Choice Medical	✓		✓	✓	✓
Prime Choice Dental	✓		✓	✓	
Standard Choice Dental	✓		✓	✓	
Vision Care Choice	✓	✓			
Health Care Flexible Spending Account	✓	✓			
Dependent Care Flexible Spending Account	✓	✓			
Short-Term Disability Income	✓	✓			
Total and Permanent Disability Income	✓	✓			✓
Special Benefits for Occupational Related Disabilities	✓	✓			
Non-Contributory Life Insurance	✓		✓		✓
Non-Contributory Occupational Accidental Death Insurance	✓	✓			
Contributory Life Insurance	✓		✓		
Dependent Life Insurance	✓	✓			
Accidental Death and Dismemberment Insurance	✓	✓			
Pension Plan (Normal, Early, Optional or Incapability Retirement)	✓	✓	✓		
Special Survivor Benefits	✓	✓			
Savings and Investment Plan (SIP) **	✓	✓	✓	✓	✓
Personal Time Off with Pay	✓	✓			
Employee Assistance Program (EAP)	✓	✓			
U.S. Savings Bonds Program	✓	✓			
Westinghouse Family Scholarship Program (WSRC Only)	✓	✓			
Bechtel Merit and Achievement Scholarship Program (BSRI Only)	✓	✓			
Bechtel Foundation Matching Gifts Program (BSRI Only)	✓	✓			

* Total and Permanent Disability Recipients (not receiving Incapability Retirement) are eligible for 2 years of medical coverage.

** Only Active Employees can make contributions to the SIP.

Health Choice Options

Health Choice options include:

- Medical Care benefits
- Dental Care benefits
- Vision Care benefits
- Flexible Spending Accounts (FSAs).

If you are eligible for coverage under the Health Choice Medical, Vision and Flexible Spending Accounts, your coverage may begin on your first day of employment. Eligibility for Health Choice Dental begins after you have completed one year of service. Each individual plan book contains information on eligibility, including dependent eligibility.

On your first day of employment, you will be asked to enroll for coverage by completing a “Health Choice Election Form.” Your elected medical and vision plans will be effective on your first day of employment, and your Flexible Spending Account (FSA) elections will become effective on the first day of the following month, if you return your Election form within two weeks. If you fail to return your Election form within the first two weeks of employment, you will automatically be enrolled in Basic Choice Medical, with no vision coverage or participation in either FSA plan. You will be able to enroll for dental coverage during the next annual Health Choice enrollment process using the automated Enrollment System; however, your dental coverage will not be effective until you have been employed for one year.

If you do not make any changes to your Health Choice elections during the annual enrollment period using the automated Enrollment System, you will automatically be enrolled in the same Health Choice plans for you and your dependents as shown on your Personalized Enrollment Worksheet and Confirmation Statement.

If you enroll for Health Choice Dental, you will be “locked-in” to your election for two enrollments. In other words, you will not be able to move out of the Dental plan or change your level of coverage within your two-year enrollment period.

Health Choice Medical

WSRC/BSRI sponsors four options under Health Choice Medical:

- Prime Choice
- Standard Choice
- Basic Choice
- BlueChoice HMO.

The plans are designed to help protect you and your family from the high cost of medical treatment. Two of the plans (Prime Choice and Standard Choice) provide a higher level of benefits when you choose treatment through a network of doctors and hospitals often referred to as the Preferred Provider Organization (PPO).

BlueChoice HMO is a Health Maintenance Organization in which your medical care is managed through your selected Primary Care Physician (PCP). Be aware that no benefits are payable by the BlueChoice HMO plan if you use non-HMO providers, with the exception of emergency treatment.

Basic Choice is a traditional medical insurance plan with a high deductible which you must satisfy before the plan will pay any benefit.

Read your Medical Care book to understand the details of medical coverage provided under the Health Choice Medical options.



Health Choice Dental

WSRC/BSRI sponsors two options under Health Choice Dental:

- Prime Choice
- Standard Choice.

Both options provide benefits for preventive care at 100% of the reasonable and customary (R&C) amount. Prime Choice and Standard Choice both cover minor and major restorative services, but there are differences in coverage and in how much is paid by the two options. An annual deductible of \$25 per person (\$50 maximum per family) is required under the Standard Choice Dental plan for non-preventive services.

Orthodontia treatment is covered by Prime Choice at 50% of R&C up to a lifetime maximum benefit of \$1,500. Neither orthodontics nor treatment for TMJ/TMD is covered under Standard Choice.

Read your Dental Care book to understand the details of dental coverage provided under the Health Choice Dental options.

Health Choice Vision

Vision Care Choice is designed to help you pay for vision care expenses. The plan covers routine eye exams, eyeglasses and contact lenses. It does not cover the medical or surgical treatment of the eye, which may be covered by the Health Choice Medical options (refer to your Medical Care book for medical coverage and exclusions).

Vision Care Choice pays a benefit when you use any licensed eye care provider, not just LensCrafters locations or eye doctors contracted by EyeMed. No licensed optometrist, ophthalmologist or optician has been excluded from coverage under this plan.

Read your Vision Care book to understand the details of coverage provided under the Health Choice Vision Care plan.

Flexible Spending Accounts (FSAs)

There are two Flexible Spending Accounts (FSAs). You may use either or both Accounts. Each serves a separate purpose, has a separate contribution limit and slightly different payment procedure.

The Health Care FSA allows you to set aside money that's not taxable to fund your estimated non-covered health care expenses, including deductibles, co-pays and certain non-covered expenses, then pays you back after you have incurred these expenses. You may contribute up to \$3,000 per year if you elect the Health Care FSA. And, you can use this account for out-of-pocket health care expenses incurred by any of your legal dependents – as defined under Section 125 of the Internal Revenue Code of 1986, as amended – including those who are not covered by a health care plan.

The Dependent Care FSA covers expenses for the personal care (not health care) expenses of your dependents so that you and your spouse can work. Dependent refers to a child under age 13 or a dependent of any age who is incapable of caring for himself or herself, in accordance with federal tax regulations. You may contribute up to \$5,000 per year if you elect the Dependent Care FSA (or up to \$2,500 per year if you are married and file separately on your federal income tax return). The advantage of using a Dependent Care FSA is that you can avoid paying taxes on the money you spend for day care expenses.

Read your Flexible Spending Accounts book to understand the details of the Health Care and Dependent Care FSAs.

A Word About Taxes

Federal and most state tax laws allow you to use pre-tax money to buy certain benefits. Because money used in this manner is redirected from your paycheck before it is legally considered part of your salary, you do not have to pay federal or state income taxes or Social Security taxes on this money. By using pre-tax dollars to buy benefits, you are able to reduce your taxable income.

The portion of your salary that you redirect to purchase pre-tax benefits will not appear on your annual W-2 form as part of your earned income for federal, state and Social Security tax purposes. However, your base salary (before the purchase of pre-tax benefits) will be used to determine all pay-related benefits.

As a result of the pre-tax treatment of benefit costs, you may receive Social Security benefits at retirement that are somewhat less than they would be if all the program's benefit costs were paid using after-tax dollars. However, any reduction in Social Security benefits should be minimal — probably not enough to materially affect your future financial security. The benefits of saving taxes now will generally exceed any reduction in Social Security benefits later.

Special Rules for Dual Couples

Dual couples – employees (or retirees) who have a spouse who is also an employee (or retiree) of the WSRC Team or DuPont/SRP – present a special situation. Dual couples cannot be covered both as an employee and a dependent. So, in theory, everyone — employees and dependents alike — can only be covered once by the WSRC/BSRI Health Choice plans. So, what happens to dual couples? There are two possibilities:

- The obvious route: Only one person in the couple elects coverage – the other person waives coverage as an employee and is covered as a dependent for WSRC Team health care purposes.
- An alternate route: Each person elects employee-only coverage; or one person covers the children and the other person takes employee-only coverage. Both people would have coverage as an employee.

Which route is better depends on the level of coverage you need and the cost for that coverage. It also depends on your family's health and typical health care expenses. Remember, if you each have separate coverage (whereby neither employee is covered as a dependent by the other spouse), you also have separate plan deductibles and out-of-pocket maximums.

Qualifying Changes in Status

Health Choice is a flexible benefits plan. The Internal Revenue Service governs certain administrative procedures for flexible benefits plans. Normally, you are permitted to make Health Choice election changes only during the annual enrollment period, which will be effective beginning January 1 of the following year, and your Health Choice elections must stay in effect for the full calendar year (also known as the Plan Year). Because a WSRC Team employee's Health Choice premium contributions are deducted from gross pay before taxes are computed and withheld from pay, you cannot change your benefit elections during the calendar year unless you have an event that qualifies as a Change in Status for benefit coverage purposes. Certain rules specify the events under which you may change a benefit election during mid-year, effective with the date of the event through the remaining portion of the calendar year.

The benefit change you want to make **must be consistent with the qualifying event. That is, the event must result in the employee, spouse or dependent child gaining or losing eligibility for coverage under either Health Choice or the spouse's or dependent child's employer's plan.** The Medical Care, Dental Care, Vision Care and Flexible Spending Account books describe the specific election changes that are allowed to be made under the respective Health Choice plans, as a result of a qualifying Change in Status. The following events that result in a change in eligibility for health care coverage for an employee or dependent may be considered qualifying Changes in Status:

- A change in **Legal Marital Status** – an event that changes an employee's legal marital status, including marriage, death of spouse, divorce, legal separation or annulment;
- A change in **Number of Dependents** – an event that changes an employee's number of dependent children, including birth, adoption, placement for adoption, death of a dependent child or the acquisition of a stepchild who will reside in your household;
- A change in **Employment Status** – the termination or commencement of employment by the employee, spouse or dependent child;

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- A change in **Work Schedule** – the permanent reduction or increase in hours of employment by the employee, spouse or dependent child (including a switch between part-time and full-time), a strike or lockout, or the commencement or return from an unpaid leave of absence;
 - A change in which a **Dependent Child Satisfies or Ceases to Satisfy the Plan's Eligibility Requirements for an Unmarried Child** – an event that causes an employee's dependent child to satisfy or cease to satisfy the requirements for coverage due to attainment of maximum age under the plan, student status or any similar circumstance under the plan that qualifies or disqualifies the child for coverage under the plan;
 - A change in **Residence or Worksite** that impacts HMO provider accessibility – a change in the place of residence or work of the employee, spouse or dependent child enrolled in BlueChoice HMO to an area not served by a participating HMO; and
 - A change due to **Enrollment in Medicare or Medicaid** – an employee, spouse or dependent child becomes entitled to and enrolls in Medicare (Part A or B) or Medicaid.

Requesting an Election Change

If you, your spouse or dependent child experiences an event that qualifies as a Change in Status for benefit plan purposes, you must notify Benefits Administration with the proper documentation within 60 days after the event occurs. Make your dependent changes and new elections (when available) using OSR Form 5-200 (available on ShRINE). Submit the form and supporting documentation to WSRC Benefits Administration, SRS Building 730-1B, Room 1075, Aiken, SC 29808 within 60 days after the event.

You should be aware of certain limitations:

- With a qualifying Change in Status, you will only be able to change your level of coverage (employee, employee plus one or employee plus two or more dependents) under your medical, dental and vision care elections. You will not be able to change the option (Prime, Standard, HMO, Basic, No Coverage) you elected.
- You may enroll in, drop or change the amount you are contributing to your **Dependent** Care Flexible Spending Account. You will only be able to enroll or terminate your participation in the **Health Care** Flexible Spending Account.
- Any change you are able to make under the Health Choice plans must be consistent with your qualifying Change in Status. The WSRC/BSRI Plan Administrator has the right to request, at any time, documentation as proof of a qualifying Change in Status and eligibility for benefits, and will have the final decision-making authority regarding any questions pertaining to consistency and allowable changes.

Even if you do not need to change your coverage status, you should notify Benefits Administration immediately whenever you have any Change in Status that could possibly have an impact on your benefits. Accurate records are important to ensure proper coverage for you and your dependents.

Requests to change your benefit elections (outside the annual enrollment period) that are not submitted to Benefits Administration within 60 days after the date of a qualifying event will not be recognized. You will be allowed to make changes during the next annual enrollment period, effective January 1 of the following year. However, if a dependent has become ineligible and you do not notify Benefits Administration within 60 days after the qualifying event has occurred, then (1) your ineligible dependent will be removed retroactively from your coverage once the dependent's ineligibility is known, (2) you will not be refunded any premium contributions, and (3) any claims paid after the dependent became ineligible will be recovered by the Claims Administrator and/or the WSRC Team.

Other Benefits

You have two types of other benefits — Company-Provided Programs and Optional Programs. You are eligible to participate in most of these plans on your first day of employment. You are automatically enrolled in the Company-Provided benefits summarized in the section below, but you will be required to complete certain beneficiary forms. You will, however, have to complete separate enrollment forms for the Optional Programs.

Company-Provided Benefits

You do not pay premium contributions for the following Company-Provided Programs:

- Disability Income Plans
- Non-Contributory Life Insurance Plans
- Pension Plan
- Work/Life Benefits.

Disability Income Plans

As a full service active employee of the WSRC Team, you may be eligible for disability benefits from various programs — Short-Term Disability, Total and Permanent Disability, Special Benefits for Occupational Related Disabilities and Workers' Compensation. In addition, an Incapability Retirement benefit is available to employees with at least 15 years of Eligibility Service. Your disability benefits are designed to financially protect you and, in some instances, your family, if you cannot work due to a disabling illness or accident. Depending on your type of disability, your salary may either continue during the time you are considered to be disabled under the plan or up to a maximum payment period. (Refer to the Disability book of the WSRC/BSRI Benefits Handbook for details.)

Short-Term Disability Benefits

To qualify for Short-Term Disability benefits, you must be unable to perform your own job because of a non-occupational illness or injury. If you become sick or injured, this benefit can provide you with your full pay for up to 1,040 hours. If your illness or injury is job-related, your coverage may be provided by Workers' Compensation and Special Benefits for Occupational Related Disabilities.



Total and Permanent Disability Benefits

You must complete one year of Eligibility Service to be eligible to participate in the Total and Permanent Disability plan. To qualify for Total and Permanent Disability benefits, you must be totally and permanently disabled and unable to perform any type of work due to an illness or injury. The benefit you receive from this coverage, when combined with other sources of disability income, will provide you 60% of your monthly/weekly base earnings. Your benefits begin after you have exhausted your Short-Term Disability benefits or Special Benefits for Occupational Related Disabilities and will continue for as long as you remain totally and permanently disabled or up to any limit established by the plan, whichever is sooner.

Special Benefits for Occupational Related Disabilities

To qualify for Special Benefits for Occupational Related Disabilities, your disability must be due to a job-related illness or injury and, as a result of that injury, you will also be entitled to receive Workers' Compensation benefits. If your disability is temporary, the benefit you receive will be an amount established that when added to your Workers' Compensation benefit will keep your net take home pay approximately the same as of the time of the illness or injury. The amount is payable for up to 1,040 hours. This special benefit will also provide you full pay during any waiting period before Workers' Compensation begins.

Incapability Retirement Benefit

To qualify for the Incapability Retirement benefit, you must have 15 years of Eligibility Service and your disability must prevent you from performing your own job. The Incapability Retirement benefit provided by the WSRC/BSRI Pension Plan pays you an unreduced pension equal to the benefit you had earned at the time your employment ends. You can also receive a Social Security supplemental payment, if at the time you begin to receive the Incapability Retirement benefit, you have not been awarded your Social Security Disability benefits or are not old enough to receive Social Security Retirement payments.

Non-Contributory Life Insurance Plans

Plans sponsored by WSRC/BSRI help safeguard your family's financial security through two Company-provided life insurance plans — Non-Contributory Life Insurance and Non-Contributory Occupational Accidental Death Insurance. Refer to the Life Insurance book of the WSRC/BSRI Benefits Handbook for details.

A requirement of the life insurance plans is that you must name a beneficiary. You may name the same person as the beneficiary for all of your life insurance benefits or you can name different individuals for each plan. If you do not name someone as a beneficiary, your non-contributory life insurance death benefits will be made to your estate.

Non-Contributory Life Insurance

This plan provides you with life insurance protection equal to one times your Normal Annual Earnings (NAE) if you die at any time from any cause while you are a full service employee of the WSRC Team. Between ages 65 and 75, the plan's death benefit gradually reduces to one-fourth of one times your NAE.

Tax on Imputed Income

The Internal Revenue Code states that employer-provided group term life insurance can be provided tax-free up to \$50,000 of coverage. The value of the amount of non-contributory life insurance in excess of \$50,000 will be considered taxable income to you, in accordance with Table I of IRC Section 79(c). This excess value is called "imputed income," calculated according to your specific age bracket and the uniform premium cost per \$1,000 of protection as established by IRS. The taxable amount is included on your pay stub and your W-2 as additional income.

Non-Contributory Occupational Accidental Death Insurance

This plan provides you an additional life insurance benefit if your death is the result of a job-related accident. If you die within 90 days as a direct result of a job-related accident, your beneficiary will receive a life insurance benefit equal to three times your Normal Annual Earnings, in addition to the benefit of one times your Normal Annual Earnings under the regular Non-Contributory Life Insurance Plan. (Refer to the Life Insurance book of the Benefits Handbook for details.)

Pension Plan

The Pension Plan provides you with income during your retirement years. Under the Pension Plan, there are a variety of ways for you to receive a benefit. The following descriptions provide a brief explanation of each benefit payment method and its eligibility requirements. (Refer to the Pension Plan book of the WSRC/BSRI Benefits Handbook for details.)

Normal Retirement

You become eligible to receive a Normal Retirement benefit after you have reached age 65 and have completed at least 15 years of Eligibility Service with the WSRC Team.

Early Retirement (Unreduced)

You become eligible to receive an unreduced Early Retirement benefit at the earliest age of having reached age 58 with at least 27 years of Eligibility Service. After age 58, your age plus Eligibility Service must total at least 85 in order to be eligible to receive an unreduced Early Retirement benefit.



Early Retirement (Reduced)

You become eligible to receive a reduced Early Retirement benefit after you have reached age 50 and you have at least 15 years of Eligibility Service.

Optional Retirement

You become eligible to receive an Optional Retirement benefit if you have been involuntarily terminated for a reason other than gross misconduct and you are over age 50 with at least 15 years of Eligibility Service. You may also be eligible to receive a benefit if you are at least age 45 with 25 years of Eligibility Service when your employment with the WSRC Team is involuntarily terminated due to lack of work.

Incapability Retirement

You become eligible for an Incapability Retirement benefit if you are a full service employee with at least 15 years of Eligibility Service. To receive this Incapability Retirement benefit, you must be permanently incapable of performing your own job.

Deferred Vested Pension Benefit

You become eligible for a Deferred Vested Pension benefit if you have at least five years of Eligibility Service. This means that if you leave the Company after you are vested but before you retire, you can receive a deferred pension benefit. “Deferred” means a postponed benefit payment. The pension payment is postponed until you are eligible to receive benefits and you apply for them. Even if you are eligible when you leave, you won’t receive a pension payment until you apply for a benefit. When you receive a Deferred Vested Pension benefit depends on your age, Eligibility Service and whether you want a reduced or unreduced pension benefit. However, if the value of your deferred pension benefit is \$5,000 or less at the time of your termination, there will be an automatic cash-out of your pension benefit.

Employer Paid Survivor Benefit

The Employer Paid Survivor Benefit provides a monthly payment to your eligible survivors. In order for your survivors to receive the Employer Paid Survivor Benefit at the time of your death, you must have at least 15 years of Eligibility Service as an active employee. Eligible survivors include your spouse and minor children or minor children only under age 21 or one of your parents or stepparents.



Work/Life Benefits

Your Work/Life benefits include various programs and policies that may:

- Provide you with time off with pay
- Give you another way to save for your future through the purchase of U.S. Savings Bonds
- Match your charitable contributions
- Provide professional counseling services
- Provide financial assistance for furthering your dependent child's education.

Time Off with Pay

For most active full service employees of the WSRC Team, a “Time Bank” policy is utilized to administer time off with pay for vacations, personal business and sick days. You may also be eligible for additional paid time off for such things as holidays, jury duty, death in your immediate family and military obligations. (Refer to the Work/Life book of the Benefits Handbook for general information on time off with pay, or the Human Resources Policies, Practices and Procedures 5B manual for more specific information. Another source of information is your Human Resources Representative.)

U.S. Savings Bonds Program

You can purchase U.S. Savings Bonds through payroll deductions. You specify the denomination of the bonds you want to purchase — \$100, \$200 or \$500 — and you decide how much your deduction will be. However, your deduction must be at least \$1 a week or \$4 per month. Once your deductions equal the purchase price (one-half the denomination amount) of the denomination you selected, the WSRC Team will purchase the bond and mail it to you.

Bechtel Foundation Matching Gifts Program (BSRI Only)

If you are a permanent non-manual employee of the Bechtel group of companies and have one year of continuous Service, the Bechtel Foundation will match your contribution — from \$25 up to \$1,000 — to a non-profit educational institution. Certain guidelines exist which may not provide the educational institution you selected with a dollar-for-dollar match. Contact your BSRI Human Resources Representative for a Matching Gifts form.



Employee Assistance Program (EAP)

The EAP program enables you and your dependent family members to talk to qualified professionals either on-Site or by referral to off-Site services when you feel you need help because of:

- Emotional difficulties
- Personal crisis
- Marital and family matters
- Chemical dependency
- Stressful situations
- Legal and financial matters.

Your call to the EAP will be held strictly confidential. If you require the services of other professionals, an EAP professional will assist you in seeking the most appropriate services depending on your specific situation. Problems related to mental health or alcohol/substance abuse may be covered under the Mental Health and Chemical Dependency provisions of the WSRC/BSRI Medical Plan administered by ValueOptions.

Westinghouse Family Scholarship Program (WSRC Only)

This program awards a limited number of scholarships each year to high school students who are planning to continue their education through a study program leading to a bachelor's degree. The scholarships are awarded based on general ability, leadership, scholastic assessment and achievement. If you are a full service WSRC employee and have a high school-age child who plans to obtain a bachelor's degree, contact WSRC Human Resources Staffing for an application.

Bechtel Merit and Achievement Scholarship Program (BSRI Only)

This program is a scholarship competition that is conducted by the National Merit Scholarship Corporation. If you are an employee of the Bechtel group of companies and have high school-age children who are considering continuing their education, contact the BSRI Service Center for more information. Contact your BSRI Human Resources Representative for an application.

Special Survivor Benefit

If you die while you are actively employed, your next of kin will receive a special lump sum payment equal to two weeks of your base pay. If your Eligibility Service exceeds five years, and if death was not preceded by an illness of more than one month during which you received pay, your next of kin will receive an additional amount equal to one month of your base pay. This special payment is in addition to your Non-Contributory Life Insurance death benefit and payment for any unused Time Bank hours that you would have been eligible to accrue for the full calendar year.

Optional Programs

Participation in the Optional Programs is completely voluntary. This means you make the decision to participate in any of the Optional Programs by enrolling in the plan(s) and making the required contributions. Your contributions will be deducted from your pay on an after-tax basis, except for the Savings and Investment Plan (SIP) where you can choose to make either before-tax or after-tax contributions. You are eligible to enroll in the plans on your first day of employment. The following provides a brief description of your Optional Programs. For detailed information, read each individual book (Life Insurance or Savings and Investment Plan).

Contributory Life Insurance

You may purchase Contributory Life Insurance if you wish to provide your family with greater financial protection than provided by Non-Contributory Life Insurance. You can choose one, two or three times your Normal Annual Earnings (NAE). Between ages 65 and 75, the plan's death benefit gradually reduces to one-half of **one** times your NAE.

Dependent Life Insurance

Dependent Life Insurance provides a benefit payable to you in case one of your dependents dies. Dependents are defined in the Life Insurance book. There are two different coverage amounts to choose from:

- \$5,000 for your spouse; \$1,000 for each child, or
- \$10,000 for your spouse; \$2,000 for each child.

You do not have to purchase Contributory Life Insurance to be able to purchase Dependent Life Insurance.

Accidental Death and Dismemberment Insurance

Accidental Death and Dismemberment (AD&D) Insurance provides a benefit if you or one of your dependents dies, loses permanent use of a limb or suffers a permanent loss of vision, as the result of an accident. The death or loss must occur within 90 days of the accident.

You have two coverage options: (1) You can purchase insurance coverage for yourself (in the event of your death or dismemberment) and/or (2) you can purchase coverage for your dependents. There are limitations as to the maximum amount of coverage you can purchase. For yourself, the maximum coverage is five times your Normal Annual Earnings (NAE) up to \$250,000. For your dependents, you may purchase coverage up to \$100,000 for your spouse and \$20,000 for each child – in increments of \$10,000. You are automatically the beneficiary of your dependent's AD&D coverage.



Savings and Investment Plan (SIP)

The Savings and Investment Plan (SIP) provides you with another way to save for the future and retirement. And because the WSRC Team feels it is important for you to save for the future, the Company will match \$0.50 for every \$1.00 of pay you contribute, up to 6%.

You are eligible to enroll in the SIP on your first day of employment and begin making contributions ranging from 1% to 16% of your pay as of the first eligible payroll. Then, after you have completed one year of Eligibility Service, the Company will begin to match your contributions (up to the established limit of 6%).

If you are a transfer from an affiliated entity of the WSRC Team, and if you were eligible to participate in a qualified profit sharing plan and have at least one year of recognizable Eligibility Service, then you are eligible to immediately receive matching contributions in the WSRC/BSRI SIP.

When you enroll, you must decide:

- How much you are going to contribute — 1% to 16% of your pay
- Whether your contributions are going to be deducted on a before-tax or after-tax basis
- How you want to invest your contributions.

When you save on a before-tax basis, you will immediately pay less in federal and most state income taxes. However, federal and state income taxes will be applied to your contributions and investment earnings when you start withdrawing from your savings account. If your contributions are deducted on an after-tax basis, federal and state income taxes are only applied to the investment earnings upon withdrawal. All contributions are subject to federal tax limits.

You can choose to invest your contributions and the Company Matching Contribution among the investment funds the plan offers. A number of funds are available, ranging from a low-risk fixed income fund to a riskier Small Cap fund.

Although the plan is designed for retirement savings, you may be able to make a loan or withdrawal of the money in your account for other important purposes, such as helping to fund your child's college education. Contact the SIP Service Center at 1-800-360-2747 for details.

What Happens If...

The following charts provide a quick view of certain situations and things you should do to ensure you receive the highest level of benefits. It is intended only as an easy reference guide. Each specialized benefit book will have more complete information.

If You Need Medical Care and...	Then...
<ul style="list-style-type: none"> You are enrolled in Prime Choice or Standard Choice Medical and want to select PPO Network Providers in order to receive the highest level of benefits 	<ul style="list-style-type: none"> Refer to the BlueCross & BlueShield PPO Provider Directory and call the provider to verify current PPO participation status; or call 1-800-325-6596 for S.C. providers or 1-800-810-2583 for providers outside S.C.; or use your computer with the following Internet address: http://ppoaccess.bcbsa.com.
<ul style="list-style-type: none"> You are enrolled in BlueChoice HMO 	<ul style="list-style-type: none"> You must utilize BlueChoice HMO Network Providers in order to receive benefits (for non-emergency care); and you must have all your medical care coordinated by your Primary Care Physician (PCP).
<ul style="list-style-type: none"> You are going to be admitted to the hospital for an overnight stay, and you are enrolled in either Prime, Standard or Basic Choice Medical 	<ul style="list-style-type: none"> Make sure your provider has pre-certified your hospital confinement as soon as possible (preferably at least two weeks before you are admitted) by calling 1-800-327-3238 in S.C. or 1-800-334-7287 outside S.C.
<ul style="list-style-type: none"> Your doctor recommends elective surgery 	<ul style="list-style-type: none"> You might want to get a Second Surgical Opinion.
<ul style="list-style-type: none"> You are injured or seriously ill 	<ul style="list-style-type: none"> Go to the nearest qualified Emergency Room (either a Network or Non-Network facility) if your condition is life-threatening or you need acute or urgent care.
<ul style="list-style-type: none"> You need treatment for a mental health problem, alcohol abuse and/or substance abuse 	<ul style="list-style-type: none"> You must call ValueOptions at 1-800-333-6557 (accessible 7 days per week, 24 hours per day) for assistance and to ensure that benefits will be provided. If you do not call, then no benefits will be provided under the Health Choice Medical options (except for very limited outpatient mental health services).
<ul style="list-style-type: none"> Your emergency leads to an admission 	<ul style="list-style-type: none"> You must certify the admission within 1 business day by calling 1-800-327-3238 in S.C. or 1-800-334-7287 outside S.C.
<ul style="list-style-type: none"> You would like to have a routine periodic exam or other preventive care service 	<ul style="list-style-type: none"> Check to see whether the routine exam and/or tests are covered by the medical plan you are enrolled in, for your age group, and use Network providers to ensure coverage.



If You Need Dental Care and...	Then...
<ul style="list-style-type: none"> You want the highest level of benefits available under the Dental Plan 	<ul style="list-style-type: none"> You may use any licensed dentist since a dental network is not available, but you may want to shop around since dentists' charges vary widely.
<ul style="list-style-type: none"> Your dentist estimates the total charges may exceed \$200 	<ul style="list-style-type: none"> It is strongly advised that you have your dentist file a pre-treatment plan to BlueCross & BlueShield of S.C. Both you and your dentist will be mailed a Pre-Determination of Benefits.
<ul style="list-style-type: none"> Your dentist recommends that your child be fitted with braces 	<ul style="list-style-type: none"> Have your dentist file a pre-treatment plan. The Prime Choice Dental Plan covers orthodontia with limitations.
<ul style="list-style-type: none"> You are involved in an accident that results in injuries to your natural teeth 	<ul style="list-style-type: none"> Dental surgery expenses incurred within 72 hours of an accident are covered under your Health Choice Medical plan.

If You Need Vision Care Services and...	Then...
<ul style="list-style-type: none"> You go to a LensCrafters location or participating EyeMed optometrist or ophthalmologist 	<ul style="list-style-type: none"> Pay your \$25.00 deductible (for the first service received during the Plan Year) and the cost for any services not covered by the plan or above the plan's limits.
<ul style="list-style-type: none"> You go to another eye care provider 	<ul style="list-style-type: none"> Obtain a claim form from LensCrafters/ EyeMed Vision Care by calling 1-800-521-3606. Pay your eye care provider for services rendered, then have your provider sign the form and return it in the envelope provided.

If You Are Disabled and Cannot Work and...	Then...
<ul style="list-style-type: none"> You expect your disability to be less than 24 hours 	<ul style="list-style-type: none"> Contact your supervisor as soon as possible.
<ul style="list-style-type: none"> You expect your disability to be greater than 24 hours 	<ul style="list-style-type: none"> Contact your supervisor as soon as possible. You should also contact the SRS Medical Department upon your return to work.
<ul style="list-style-type: none"> You expect your disability to last longer than six months (greater than 1,040 hours) 	<ul style="list-style-type: none"> Contact the SRS Medical Department, your Human Resources Representative and your supervisor.
<ul style="list-style-type: none"> Your injury or illness is job-related 	<ul style="list-style-type: none"> Immediately contact your supervisor or manager, and report to the Medical Department as soon as possible.



If You Die While Employed...	Your Beneficiary Will Receive...
<ul style="list-style-type: none">• Your Beneficiary is eligible for certain benefits.	<ul style="list-style-type: none">• Company-Provided Non-Contributory Life Insurance equal to one times your Normal Annual Earnings.• Contributory Life Insurance, if elected.• Health Choice Benefits, either under the Survivor Benefits policy or through COBRA continuation coverage.• Pre-Retirement Spouse Benefits from the Pension plan, based on age and Eligibility Service.• Full payment from your Savings and Investment Account, if enrolled.

If You Plan to Retire From Active Service...	You Will Be Eligible to Receive...
<ul style="list-style-type: none">• And meet the age and service requirements for retirement, you are eligible for certain benefits. You should contact Benefits Administration as soon as you know you will be retiring.	<ul style="list-style-type: none">• Monthly Pension benefit payment.• Health Choice Medical and Dental coverage.• Vision Care Choice through COBRA continuation coverage, if enrolled at retirement.• Company provided Non-Contributory Life Insurance at one times your NAE amount until you are age 65; then your benefit amount will be periodically reduced to one-fourth your NAE amount until you are age 75 at which time it will remain at one-fourth your NAE amount until your death.• Contributory Life Insurance, if elected, at the same amount (either 1, 2 or 3 times your NAE amount) until you are age 65; then your benefit amount will be periodically reduced to one-half of ONE times your NAE amount until you are age 75 at which time it will remain at one-half of ONE times your NAE amount until your death. Your insurance premiums will be deducted from your Pension checks.)• Full lump sum payment or monthly installments from Savings and Investment Plan, if enrolled.



If You Are on an Approved Unpaid Leave of Absence...	You Will Be Eligible to Continue...
<ul style="list-style-type: none">You are eligible to continue certain benefits and should contact Benefits Administration as soon as you know you will be taking a leave of absence.	<ul style="list-style-type: none">Your Health Choice Benefits and all your Life Insurance coverage as long as you pay the required premiums in advance. Generally, you will not receive service credit for leaves of absence greater than 30 days.

If You Are Laid Off...	You Will Receive...
<ul style="list-style-type: none">You may be eligible for certain benefits and will be provided instructions at the time you are notified.	<ul style="list-style-type: none">Any special benefits established (at the time of your lay-off) for employees who are laid off. Any such extended benefits are in lieu of coverage continuation through COBRA.Your Health Choice benefits through COBRA Continuation Coverage.Special extended life insurance coverage based on your years of Eligibility Service if you are eligible for this provision and it is available at the time of your lay-off. And, you may be able to convert to an individual policy.Full payment from your Savings and Investment Account, if enrolled.Optional Retirement, if you meet the age and service requirements.

If You Terminate Your Employment...	Then...
<ul style="list-style-type: none">You and/or your dependents are eligible for certain benefits.	<ul style="list-style-type: none">Your Health Choice Benefits can be continued through COBRA Continuation Coverage.Your Company-Provided Non-Contributory Life Insurance, Contributory Life Insurance and Dependent Life Insurance can be converted to an individual policy.You may be eligible for a pension if you meet certain eligibility requirements.You may be required to take a full distribution of your Savings and Investment Plan, if enrolled.

General Information

The information contained in this section contains important legal and administrative information about how the WSRC/BSRI Employee Benefit Plans are administered, your rights to benefits from these plans and the process of attempting to resolve a problem you might have with any of the plans. The information in this section explains:

- Your rights to plan benefits as guaranteed by ERISA
- How to contact the Plan Administrator or Plan Trustee
- What happens if you or a dependent loses coverage under the Health Choice options (Medical, Dental, Vision and FSA plans)
- Additional information on rights that you may have as a plan participant.

Refer to each individual Employee Benefit book to determine what benefits are available to you and how to file a claim.

This book is not a legal document and does not constitute an implied or expressed contract or guarantee of employment. You should read this material carefully and keep it for future reference. If, at any time, you have questions about any of the material in this book, consult with your Supervisor, Human Resources Representative or Benefits Administration.

Note:
You may not be eligible to participate in every plan and program mentioned in this section. The Overview section of this book includes an easy-to-follow table listing the various WSRC/ BSRI benefit plans and programs, along with a general indication of eligibility. Each individual Employee Benefit book contains specific eligibility information.

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Plan Information

Employer Identification Numbers of The WSRC Team

The identification numbers assigned by the Internal Revenue Service are:

Westinghouse Savannah River Company, L.L.C.
(WSRC) – 82-0510443
Bechtel Savannah River, Inc. (BSRI) – 94-3077224
Babcock and Wilcox Savannah River Company
(B&WSRC) – 54-1804131
British Nuclear Fuels, Ltd., Savannah River
Corporation (BNFLSRC) – 54-1813446

*The Plan Directory
located at the end of
this book will provide you
with plan-specific informa-
tion, such as Plan Name,
Plan Administrator and
Insurance Company.*

Plan Sponsor

All ERISA-covered benefit plans referred to in this book are sponsored by Westinghouse Savannah River Company, L.L.C. and Bechtel Savannah River, Inc. (WSRC/BSRI). The term “ERISA” is described in the section of this book titled “Your Rights Under ERISA.” The address for the Plan Sponsor is:

Westinghouse Savannah River Company, L.L.C.
Bechtel Savannah River, Inc.
Building 730-1B, Mail Stop 12
Savannah River Site
Aiken, SC 29808

Plan Administrator

The Plan Administrator is responsible for maintaining the records related to and administration of ERISA-covered benefit plans. The Plan Administrator also has the express discretionary authority to interpret the terms of the plans and to make final determinations on questions that may affect your eligibility for benefits. The Plan Administrator reserves the right to request, at any time, documents to determine eligibility for benefits and to resolve appeals. The Plan Administrator for the retirement plans and self-insured welfare plans is designated by the WSRC/BSRI Benefits Committee. Correspondence to the Plan Administrator, unless otherwise indicated in the Plan Directory table located at the end of this book, should be sent to:

Benefits Administration – Plan Administrator
Westinghouse Savannah River Company, L.L.C.
Building 730-1B, Mail Stop 12
Savannah River Site
Aiken, SC 29808



Plan Numbers

A Plan Number has been assigned to each plan for identification purposes. The Plan Numbers are listed in the Plan Directory located at the end of this book, along with the formal name of each plan. You should use the formal Name of the Plan and the Plan Number in all correspondence relating to the plans.

Plan Year

All plans are administered on a calendar-year basis beginning January 1 of each year and ending December 31.

Plan Documents

Each individual Employee Benefits book summarizes the provisions of the applicable plan and has been prepared in simple language to help you understand the primary features of your WSRC/BSRI Employee Benefits Program. However, the official plan documents, insurance company contracts and trust agreements legally govern the operation of the plans.

If any question should arise which is not covered by an Employee Benefits book, or in case a book should appear to conflict with the official plan documents, the text of the official plan document will control how the question will be resolved. Copies of plan documents, together with Plan annual reports and descriptions filed with the U.S. Department of Labor, are available for review by any plan member, spouse or beneficiary. If you would like to review a copy of these documents, contact your Plan Administrator.

Plan Financing and Administration

Many of the plans are financed by Company contributions. The following sections provide you with funding and administrative information for the WSRC/ BSRI Welfare and Retirement Plans.

Welfare Plans

The following plans are termed “welfare” plans by ERISA.

Health Choice Options

The Health Choice Medical and Dental options are self-insured and funded through Company contributions and employee premium contributions. The Health Choice Prime, Standard and Basic Choice Medical and Prime and Standard Choice Dental options are administered under a contract with Blue Cross and Blue Shield of South Carolina (BCBS-SC). The Health Choice BlueChoice HMO Medical option is administered under a contract with HMO Georgia, a subsidiary of Blue Cross and Blue Shield of Georgia (BCBS-GA). Mental health and chemical dependency treatment benefits under each of the Health Choice Medical options are administered under a contract with ValueOptions, formally known as Value Behavioral Health (VBH). Participants who are entitled to receive benefits from these plans will receive payment from the respective Claims Administrator.

The Health Choice Flexible Spending Accounts (FSAs) are funded through employee contributions. The funds you allocate to the Health Care and/or Dependent Care FSAs must be used to reimburse eligible expenses (in accordance with federal tax regulations) incurred during the Plan Year and filed with the FSA Claims Administrator no later than April 15 of the following year. Any amount remaining in your Flexible Spending Account, after all eligible expenses have been paid for the Plan Year, is forfeited subject to applicable law and regulations. Any forfeitures shall revert to the Plan Sponsor as indicated in the Plan Directory located at the end of this book. The Health Choice Flexible Spending Accounts are administered under a contract with Blue Cross and Blue Shield of South Carolina (BCBS-SC).

The Health Choice Vision Care option is insured and administered by EyeMed Vision Care, L.L.C. under a contract with WSRC/BSRI. This plan is funded through before-tax employee premium contributions. Premium contributions are paid to EyeMed Vision Care. Participants who are entitled to receive benefits from this plan will receive benefits from EyeMed Vision Care. Benefits are available for services provided by a provider contracted with EyeMed Vision Care, a LensCrafters location or doctor of optometry located next to LensCrafters, or any other licensed eye care provider.

Other Welfare Plans

The Non-Contributory Life Insurance and Occupational Accidental Death Plans are insured and funded through WSRC/BSRI premium payments made to the Connecticut General Life Insurance Company (a CIGNA company), referred to as CIGNA.

The Contributory Life Insurance Plans (Contributory Life, Dependent Life and Accidental Death and Dismemberment Insurance) are insured and funded with your after-tax payroll contributions. These premium contributions are paid by WSRC/BSRI to CIGNA.

Refunds from the Contributory Life Insurance Plans, due to favorable claims experience, are held in the WSRC/BSRI Employee Benefits Trust Fund, a Voluntary Employees' Beneficiary Association (VEBA). This trust fund is for use in purchasing and stabilizing the premiums of the Contributory Life Insurance Plans. The Trustee for the VEBA fund is:

Bankers Trust Company
Global Assets – Retirement Services
P.O. Box 2626
Jersey City, NJ 07303-2626

The above-named life insurance plans are administered under contract with CIGNA. Participants and survivors who are entitled to receive benefits from these plans will receive payment from CIGNA.

The Disability Income Plan (Short-Term Disability, Total and Permanent Disability and Special Benefits for Occupational Related Disabilities) is self-insured, self-administered and funded by WSRC/BSRI.

*Remember
that your Flexible
Spending Account can be
used only for eligible expenses
incurred during the Plan Year in
which you are a participant and
make FSA contributions. You have
until April 15 following the Plan
Year to file a claim for FSA
reimbursement. Any amount
remaining in your account
will be forfeited.*

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Retirement Plans

The following plans are termed “pension” plans by the Internal Revenue Code of 1986, as amended. They may provide you with retirement income when you retire from The WSRC Team or one of its affiliates.

Under federal law, the WSRC/BSRI Pension Plan is a “defined benefit” plan, and the WSRC/BSRI Savings and Investment Plan is a “defined contribution” plan.

The WSRC/BSRI Pension Plan is funded through contributions to a trust fund, which is held by the trustee, Mellon Bank Trust. The contributions to the fund are determined in accordance with actuarial principles for the funding of pension plans.

The WSRC/BSRI Savings and Investment Plan is funded through WSRC/BSRI Company-matching contributions, employee before-tax salary contributions and/or employee after-tax salary contributions to a trust fund. The trust fund is held by the trustee, Bankers Trust, and investment of the funds in which participants choose to place their money is made by the respective investment managers of the funds.

The trust funds have been set up for the exclusive benefit of the plan participants and their beneficiaries.

Participants and survivors who are entitled to receive benefits from the Pension Plan and/or Savings and Investment Plan will receive payment from the trustee on directions from the Plan Administrator. The trustee is also required to provide an annual report to the Plan Administrator.

Legal Limits

Federal law limits the total annual amount that can be paid to you from the Pension Plan. Federal law also limits the amount that can be contributed by you and WSRC/BSRI to the Savings and Investment Plan. These limitations are subject to periodic change by the Internal Revenue Service. The Plan Administrator will communicate changes in these limitations.

Under federal law, certain provisions of the Pension Plan or Savings and Investment Plan will take effect if either or both plans become “top-heavy.” A plan becomes “top-heavy” if either 60% of the benefits are payable to “key employees” or more than 60% of its total assets are held in the accounts of “key employees,” as defined under federal rules. In the unlikely event that either plan becomes “top-heavy,” the special provisions that will take effect are designed to protect the rights of “non-key” employees. If either plan becomes “top-heavy,” you will receive a detailed description of these provisions.

Pension Benefit Guaranty Corporation (PBGC)

If the Pension Plan is terminated or partially terminated, you have certain guarantees. You would be fully vested in the pension benefits you earned as of the date of termination to the extent that the Pension Plan is funded, or to the extent that pension benefits are guaranteed by the Pension Benefit Guaranty Corporation (PBGC), whichever is greater.

The PBGC is a government corporation established by the Employee Retirement Income Security Act of 1974 (ERISA) to insure certain benefits. Generally, the PBGC guarantees most normal, early and vested pensions earned before the date of termination, and survivor benefits that are being paid at the time of termination. The PBGC does not, however, guarantee all types of benefits under covered plans. The amount of benefit protection, by law, is subject to certain limitations. For example, the PBGC does not guarantee benefits for employees who were not vested immediately before the date of termination.

The PBGC guarantees benefits which were vested immediately before the date of termination, at the level then in effect. If, however, a plan has been in effect less than five years before it terminates, or if benefits have been increased within five years before plan termination, the entire amount of vested benefits that otherwise would be guaranteed or the benefit increase may not be insured. In addition, there is a periodically adjusted ceiling on the dollar amount of the monthly benefit that the PBGC guarantees. If there are not enough plan assets, vested benefits not covered by plan assets or PBGC guarantees will not be payable by the plan, the PBGC or the Company.

You can get more information on PBGC insurance protection and its limitations from the Plan Administrator, or you can write to the Pension Benefit Guaranty Corporation, 1200 K Street NW, Washington, DC 20005-4026. The PBGC's Internet address is <http://www.pbgc.gov>.

The PBGC does not insure benefits under any other plan described in this book, since PBGC protection only applies to defined benefit (pension) plans.



Future of the Plans

While WSRC/BSRI expects to continue the plans for an indefinite period of time, the Company - by action of its Board of Directors or the Benefits Committee of WSRC/BSRI taken at a meeting held either in person or by telephone or other electronic means, or by unanimous written consent in lieu of a meeting - reserves the right at any time and from time to time to modify or amend in whole or in part any or all of the provisions of the plans. When such plan modification or termination occurs, plan participants will receive written notification of plan modification or termination changes, and their rights under any plan that is terminated.

Welfare Plans

If the Health Choice Medical, Dental or Vision Care options, or the Life Insurance Plans are changed or terminated, any claim for benefits incurred by you, your eligible dependents or beneficiaries prior to the date of change or termination will be considered liabilities of the plans.

If the Health Care and/or Dependent Care Flexible Spending Accounts are terminated, you will be reimbursed for any eligible expenses incurred during the Plan Year that do not exceed the balance of your Account, up to the date of termination of the Accounts.

Once any of these welfare plans is terminated, you have no further rights to benefits (other than payment of covered expenses incurred during the time you were covered). You are not vested in any of these plan benefits.

Retirement Plans

The WSRC/BSRI Pension Plan and WSRC/BSRI Savings and Investment Plan are subject to continuing approval by the Internal Revenue Service which makes possible certain tax advantages to you and WSRC/BSRI. If the plans are changed to maintain IRS approval, you will be notified of the changes.

If the Pension Plan is terminated, you will have a vested or non-forfeitable right to your accrued benefits as of the date the plan is terminated. The amount of your pension, if any, will depend on the plan assets, terms of the plan and the benefit guarantees of the Pension Benefit Guaranty Corporation. (See the description in this book titled "Pension Benefit Guaranty Corporation (PBGC).")

If the Savings and Investment Plan is terminated, you will have a vested or non-forfeitable right to your account balance as of the date of the termination of the plan.

Claims and Appeals

Claims Filing

You do **not** receive benefits **automatically** from the following plans. You or your beneficiary must apply for benefits from these plans:

- Health Choice Medical
- Health Choice Dental
- Health Choice Vision Care
- Health Care Flexible Spending Account (FSA)
- Dependent Care Flexible Spending Account (FSA)
- Disability Income Plans
- Non-Contributory Life Insurance
- Occupational Accidental Death (OAD) Insurance
- Contributory Life Insurance
- Dependent Life Insurance
- Accidental Death and Dismemberment (AD&D) Insurance
- Savings and Investment Plan
- Pension Plan.

The claim process is different for each plan. You should refer to each individual Employee Benefit book to determine how to apply for benefits. Claim forms may be obtained either electronically on SRS computers through ShRINE, from the respective Claims Administrator or from Benefits Administration.

If Your Claim Is Denied

If your claim (or your beneficiary's claim if you are deceased) for benefits under any plan is denied in whole or in part, and you have exhausted the claims appeal process with the appropriate Claims Administrator, you can appeal the denial through the Plan Administrator. (Refer to the Plan Directory for the name, address and phone number of the appropriate Claims Administrator.)

To begin the appeal process, you or your beneficiary must write to the Plan Administrator within 60 days of denial of the claim by the Claims Administrator. Your request for review must state the reason for appealing the claim denial and the basis upon which the review is requested, including but not limited to, pertinent plan provisions, prior decisions and/or statements of facts or circumstances in your possession which are pertinent to your claim. You should identify the plan by using the Plan Name and Plan Number found in the Plan Directory located at the end of this book.



As part of the review procedure, you or your beneficiary will be allowed to:

- Review all plan documents and other documents that affect your claim
- Have someone act as your representative in the review procedure as long as you notify the Plan Administrator of your authorization in writing
- Submit issues or comments in writing.

Within 60 days after receiving your appeal, the Plan Administrator will provide you or your beneficiary with a written decision. If more time is needed to review your appeal, the Plan Administrator may take an additional 90 days. If this additional time is needed, you will be notified in writing.

The Plan Administrator and those persons acting on the Plan Administrator's behalf are vested with full power and sole discretion to interpret all the terms of the plan and will make the final determination based solely on the applicable facts and evidence. All decisions of the Plan Administrator are final and binding.

Additional Information

Assignment of Benefits

Generally, a creditor cannot attach your benefits under the plans, nor can you use them as collateral to borrow money. As part of divorce proceedings, you may be ordered to provide coverage under certain plans for your spouse, former spouse, child or other dependents. (See Qualified Domestic Relations Order, below.)

Qualified Domestic Relations Order

To the extent permitted by law, your Savings and Investment Plan and Pension Plan benefits may not be pledged, assigned or garnished in payment of any debts. However, under the Retirement Equity Act of 1984, your benefits may be assigned to an alternate payee if a Qualified Domestic Relations Order exists.

A Qualified Domestic Relations Order is a legal judgment, decree or order which is qualified by the Plan Administrator and recognizes the rights of an alternate payee under your Pension Plan and/or Savings and Investment Plan with respect to child or other dependent support, alimony or division of marital property rights, and otherwise meets federal law.

In other words, if you become divorced, a portion of your benefits under the Pension Plan and/or Savings and Investment Plan may be assigned to someone else to satisfy a legal obligation you may have to a spouse, former spouse, child or other dependent.

There are specific IRS requirements that the Qualified Domestic Relations Order must meet to be recognized by the Plan Administrator, and specific procedures regarding the amount and timing of payments.

Overpayments

If, for any reason, an overpayment is erroneously made under any of these plans, the participant shall be responsible for refunding the amount to the plan. The repayment shall be made pursuant to the method established by the Plan Administrator.



Legal Service

If you believe you have been improperly denied a benefit under any of the plans, then after exhausting the administrative claims and appeals process you may begin legal action and serve legal papers on the agent for service of process, the Plan Administrator, any trustee of the plans or the related insurance companies or claims administrators. The addresses for the insurance companies, claims administrators and trustees can be found in the Plan Directory at the end of this book. The Plan Administrator's address is also shown in the Plan Directory. For legal action, the name and address for the agent for service of process on the Plan Administrator is:

CT Corporation System
75 Beattie Place
Greenville, SC 29601

COBRA Continuation Coverage

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA), a federal law enacted in 1986, if you or an eligible dependent loses coverage under any of the Health Choice Medical, Dental or Vision Care options or the Health Care Flexible Spending Account, you may be entitled to continue Medical, Dental, Vision and/or Health Care Flexible Spending Account coverage for a limited period of time. This is called COBRA continuation coverage.

You pay the full cost of COBRA continuation coverage. The premium includes actuarially-calculated Plan costs, in addition to the cost of administering COBRA.

COBRA continuation coverage is available in the event your and/or your dependents' coverage terminates due to certain qualifying events described below.

The Company will automatically provide you with COBRA information for these two situations:

- Termination of your employment for any reason, including retirement, voluntary termination, etc., other than for gross misconduct
- A reduction in your hours of work causing ineligibility for coverage.

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It is your or your dependent's responsibility to notify Benefits Administration within 60 days of the following qualifying events:

- Your dependent child no longer meets the eligibility requirements for coverage
- Your divorce or legal separation
- You become entitled to Medicare benefits
- Your death.

If you desire to exercise your right to continuation of coverage under COBRA, you must do so within 60 days following the date of the event that terminated your coverage. The COBRA Administrator for each of the WSRC/BSRI Health Choice plans is Blue Cross and Blue Shield of South Carolina (BCBS-SC). To enroll in COBRA Continuation Coverage, you must use either (1) the COBRA application/enrollment form supplied with the letter from Benefits Administration advising you of your termination of Health Choice benefits and your rights under COBRA or (2) a COBRA Enrollment Form sent to you by BCBS-SC. (You may enroll in COBRA by sending either form to BCBS-SC.)

The 60-day election period for COBRA starts on the date you would otherwise lose coverage because of the qualifying event, or when you are notified of your COBRA rights, as shown in your Notice of Termination of coverage from Benefits Administration, whichever is later.

You must include with your Enrollment Form the initial COBRA premium payment retroactive to the first day following the date your coverage would have ended. Thereafter, you will receive a Premium Notice Reminder from BCBS-SC every month during your COBRA eligibility period. This reminder will be mailed to you around the 15th of the month -- approximately two (2) weeks prior to the due date -- if you are up-to-date on your premium payments. If your COBRA premium payment is not received within a 31-day grace period from the due date stated on your Premium Notice Reminder, your coverage will terminate retroactive to the due date, and will not be reinstated.

The respective Claims Administrator (Medical, Dental, Vision or Health Care FSA) may recoup any benefits paid for charges you incurred after the last day your coverage was in effect.

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COBRA continuation coverage will end as of one of the following dates:

- For you and your dependents — 18 months from the date you terminated employment or had a reduction in work hours which caused your coverage to end, or
- For your dependents — 36 months from the date of your death, the date you and your spouse are divorced or legally separated, the date a dependent child no longer meets the eligibility requirements for coverage or the date you become eligible for Medicare.

If your dependents are continuing coverage under the 18-month provision and another qualifying event occurs (as listed under the 36-month provisions above), they may be able to continue coverage for an additional 18 months from the second qualifying event. However, in no event will any period of COBRA continuation coverage be more than 36 months. To extend coverage as a result of a second qualifying event, you or your dependents must notify BCBS-SC's COBRA Unit within 60 days of the second qualifying event.

If you (or a dependent) are disabled on the date of your qualifying event or within 60 days following the qualifying event, you may apply for an additional extension of 11 months to be added to the 18-month continuation period. To be eligible for this 29-month continuation period, the following conditions must exist:

- You (or your dependent) must be certified as being disabled under Title II or Title XVI of the Social Security Act on (or within 60 days after) the date you qualified for COBRA continuation coverage due to termination of employment or a reduction in work hours. For the extension to 29 months to be effective, the disability must occur within 60 days of the first qualifying event.
- The disability continues throughout the COBRA continuation period; and
- You must notify BCBS-SC's COBRA Unit and WSRC Benefits Administration of the disability within 60 days of being classified as disabled under the Social Security Act. This notification must be made before the end of the initial 18-month continuation period. Likewise, if Social Security determines that you are no longer disabled, you must notify BCBS-SC's COBRA Unit and WSRC Benefits Administration within 30 days.

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The 29-month continuation period applies to the disabled individual and to other covered dependents participating in COBRA continuation coverage either on or before the day of the qualifying event.

Continuation of coverage under COBRA will end if any of the following events occur:

- The premium for your COBRA continuation coverage is not paid.
- You or your dependents become covered under another group health plan, unless your new group health coverage contains a pre-existing condition limitation. If it does, you may continue to purchase COBRA continuation coverage until the end of the pre-existing limitation period or the balance of your COBRA continuation coverage period, whichever ends first.
- You become eligible and enroll for Medicare benefits.
- You (or your former spouse) remarry and become covered by another group health plan.
- The WSRC/BSRI Plan is terminated.

Should you have any questions about your rights under COBRA, enrollment, billing, premium payments or filing claims, call BCBS-SC's COBRA Unit at 1-800-325-6596 and then press option 5 to reach the COBRA customer service section.

Conversion Privilege in Lieu of COBRA

If you or your eligible dependents do not wish to elect COBRA continuation coverage, you may apply for conversion to an individual non-group Blue Cross and Blue Shield medical policy. This conversion privilege is only available for Health Choice Medical. You cannot convert your Health Choice Dental, Health Choice Vision Care plan or Health Care Flexible Spending Account.

If you elected COBRA continuation coverage, you may apply for conversion to an individual non-group Blue Cross and Blue Shield medical policy within 30 days of the end of your COBRA continuation coverage period. The conversion privilege is only available for Health Choice Medical.

HIPAA (Health Insurance Portability and Accountability Act)

The WSRC/BSRI Health Choice Medical and Dental options do not deny coverage to employees or dependents because of pre-existing medical conditions. However, should you leave the WSRC Team and go work for another company, your medical coverage may be affected by your new company's restrictions relative to pre-existing conditions.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) limits the circumstances under which medical insurance coverage may be excluded for medical conditions that were present before you enrolled in your new company's medical benefits plan. Under HIPAA, a pre-existing condition exclusion in another company's plan generally may not be imposed for more than 12 months (18 months for a late enrollee). The exclusion period is reduced by the amount of your prior health coverage under the WSRC/BSRI Health Choice Medical plan.

When you leave employment with the WSRC Team, you are entitled to a "Certificate of Group Health Plan Coverage" which will be automatically provided to you by Benefits Administration. The Certificate will show evidence of your prior medical coverage under the WSRC/BSRI Health Choice options, including the beginning and ending dates of your medical, dental and vision care coverages. You should provide this Certificate to your new employer. If you decide to buy health insurance other than through an employer group health plan, the Certificate showing prior coverage may help you obtain coverage without a pre-existing condition clause.

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 requires that you be specifically informed that you are covered by the WSRC/BSRI Health Choice Medical options (Prime, Standard, Basic and BlueChoice HMO) for certain medical services following a mastectomy. The WSRC/BSRI Medical options provide coverage for the following services subsequent to a mastectomy:

- Elective reconstructive surgery of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and treatment of physical complications of all stages of mastectomy, including lymphedemas.

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Such coverage is subject to normal plan rules (such as coinsurance provisions).

Questions concerning breast reconstruction following a mastectomy should be directed to the appropriate Claims Administrator (BlueCross and BlueShield of South Carolina if you are enrolled in the Prime, Standard or Basic Choice Medical Plan; or HMO Georgia, Inc. if you are enrolled in the BlueChoice HMO Plan).

Your Rights Under ERISA

Although the Employee Retirement Income Security Act (ERISA) of 1974, as amended, does not require that an employer provide benefits, it does set standards on how a plan is run, and requires that you be kept informed of your rights and benefits. As a participant or beneficiary in the WSRC/BSRI Employee Benefits Program, you are entitled to certain rights and protection under ERISA. Federal regulations require that all Summary Plan Descriptions (Employee Benefit books) include the following statement:

“ERISA provides that you may:

- Examine, without charge, at the Plan Administrator’s office and at other specified locations such as your personnel office, all plan documents, including insurance contracts, and copies of all documents filed by the plan with the U.S. Department of Labor, Pension and Welfare Benefits Administration, such as detailed annual reports and plan descriptions.
- Obtain copies of all plan documents and other plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the plan’s annual financial report. The Plan Administrator is required by law to furnish each participant with a copy of this summary financial report, also called “Summary Annual Report” or SAR.
- Obtain a statement telling you whether you have a right to receive a benefit under the Pension Plan and Savings and Investment Plan and, if so, what your benefit is under either plan if you stop working now. If you do not have a right to a benefit, the statement will tell you how many more years you have to work to receive a right to a benefit (of course, you are always fully vested in your own contributions to the plan). The statement must be requested in writing and is not required to be given more than once a year. The plan must provide this statement free of charge.

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In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the Employee Benefits Plans. The people who operate your plan, called “fiduciaries” of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. The fiduciaries are given specific authority under the plan. The determination of matters under their authority will be final and binding.

No one, including your employer or any other person, may fire you or otherwise discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA. If your application for a benefit is denied, in whole or in part, you must receive a written explanation of the reason for the denial. You have the right to have the Plan Administrator review and reconsider your application.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from a plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to \$110.00 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the Plan Administrator. If you have an application for benefits which you believe was improperly denied or ignored, in whole or in part, you may file suit in a state or federal court.

If it should happen that the plan fiduciaries misuse the plan’s money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, Pension and Welfare Benefits Administration, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and/or fees. If you lose, the court may order you to pay these costs and/or fees (for example, if it finds your claim frivolous or without reasonable cause).”


If you have questions about any plan, you should contact the Plan Administrator. If you have any questions about the statement quoted above, or if you should need other assistance or information concerning your rights under ERISA, you should contact the United States Department of Labor at the following address:

US Department of Labor
Pension and Welfare Benefits Administration
61 Forsyth Street, SW
Atlanta, GA 30323

Plan Directory

Plan Name	Plan Administrator	Plan Sponsor	Policy or Contract Number
Health Choice Medical • Prime, Standard and Basic Options	Benefits Administration Westinghouse Savannah River Company, LLC Building 730-1B, Mail Stop 12, SRS Aiken, SC 29808	Westinghouse Savannah River Company, LLC Bechtel Savannah River Inc. Building 730-1B, Mail Stop 12, SRS Aiken, SC 29808	71-5210
Health Choice Medical • BlueChoice HMO Option	Benefits Administration Westinghouse Savannah River Company, LLC Building 730-1B, Mail Stop 12, SRS Aiken, SC 29808	Westinghouse Savannah River Company, LLC Bechtel Savannah River, Inc. Building 730-1B, Mail Stop 12, SRS Aiken, SC 29808	024
Health Choice Medical • MH/CD Benefits – All Medical Options	Benefits Administration Westinghouse Savannah River Company, LLC Building 730-1B, Mail Stop 12, SRS Aiken, SC 29808	Westinghouse Savannah River Company, LLC Bechtel Savannah River, Inc. Building 730-1B, Mail Stop 12, SRS Aiken, SC 29808	N/A
Health Choice Dental • Prime and Standard Options	Benefits Administration Westinghouse Savannah River Company, LLC Building 730-1B, Mail Stop 12, SRS Aiken, SC 29808	Westinghouse Savannah River Company, LLC Bechtel Savannah River, Inc. Building 730-1B, Mail Stop 12, SRS Aiken, SC 29808	71 - 5210
Health Choice Vision Care	EyeMed Vision Care, LLC 8600 Governors Hill Drive P.O. Box 429580 Cincinnati, OH 45242	Westinghouse Savannah River Company, LLC Bechtel Savannah River, Inc. Building 730-1B, Mail Stop 12, SRS Aiken, SC 29808	N/A
Health Care Flexible Spending Account	Benefits Administration Westinghouse Savannah River Company, LLC Building 730-1B, Mail Stop 12, SRS Aiken, SC 29808	Westinghouse Savannah River Company, LLC Bechtel Savannah River, Inc. Building 730-1B, Mail Stop 12, SRS Aiken, SC 29808	71 - 5210
Dependent Care Flexible Spending Account	Benefits Administration Westinghouse Savannah River Company, LLC Building 730-1B, Mail Stop 12, SRS Aiken, SC 29808	Westinghouse Savannah River Company, LLC Bechtel Savannah River, Inc. Building 730-1B, Mail Stop 12, SRS Aiken, SC 29808	71 - 5210
Disability Income Plan	Benefits Administration Westinghouse Savannah River Company, LLC Building 730-1B, Mail Stop 12, SRS Aiken, SC 29808	Westinghouse Savannah River Company, LLC Bechtel Savannah River, Inc. Building 730-1B, Mail Stop 12, SRS Aiken, SC 29808	N/A
Non-Contributory Life Insurance (including Occupational Accidental Death (OAD)) and Contributory Life Insurance (including Dependent Life and AD&D)	Connecticut General Life Insurance Company (A CIGNA Company) 900 Cottage Grove Road Bloomfield, CT 06002	Westinghouse Savannah River Company, LLC Bechtel Savannah River, Inc. Building 730-1B, Mail Stop 12, SRS Aiken, SC 29808	62029
Pension Plan	Benefits Administration Westinghouse Savannah River Company, LLC Building 730-1B, Mail Stop 12, SRS Aiken, SC 29808	Westinghouse Savannah River Company, LLC Bechtel Savannah River, Inc. Building 730-1B, Mail Stop 12, SRS Aiken, SC 29808	N/A
Savings and Investment Plan	Benefits Administration Westinghouse Savannah River Company, LLC Building 730-1B, Mail Stop 12, SRS Aiken, SC 29808	Westinghouse Savannah River Company, LLC Bechtel Savannah River, Inc. Building 730-1B, Mail Stop 12, SRS Aiken, SC 29808	N/A

Plan Name	Insurance Company/ Claims Administrator/Trustee	Plan Number	Funding and Type of Plan
Health Choice Medical • Prime, Standard and Basic Options	Blue Cross and Blue Shield of SC I-20 at Alpine Road Columbia, SC 29219 Customer Service 1-800-325-6596	501	Self-Insured Welfare Plan
Health Choice Medical • BlueChoice HMO Option	HMO Georgia, Inc. P.O. Box 7368 Columbus, GA 31908 Customer Service 1-800-354-6928	501	Self-Insured Welfare Plan
Health Choice Medical • MH/CD Benefits –	ValueOptions (formerly known as VBH) Attn: WSRC Administrator, Suite 1100 4709 Golf Rd., Skokie, IL 60076 Customer Service 1-800-333-6557	501	Self-Insured Welfare Plan
Health Choice Dental • Prime and Standard Options	Blue Cross and Blue Shield of SC I-20 at Alpine Road Columbia, SC 29219 Customer Service 1-800-325-6596	502	Self-Insured Welfare Plan
Health Choice Vision Care	EyeMed Vision Care, LLC P.O. Box 429580 Cincinnati, OH 45242 Customer Service 1-800-521-3606	508	Fully-Insured Welfare Plan
Health Care Flexible Spending Account	Blue Cross and Blue Shield of SC P.O. Box 100237 Columbia, South Carolina 29202 Customer Service 1-800-325-6596	506	Self-Insured Welfare Plan
Dependent Care Flexible Spending Account	Blue Cross and Blue Shield of SC P.O. Box 100237 Columbia, South Carolina 29202 Customer Service 1-800-325-6596	507	Self-Insured Welfare Plan
Disability Income Plan	Westinghouse Savannah River Company Bechtel Savannah River, Inc. Building 730-1B, Mail Stop 12, SRS Aiken, SC 29808	503	Self-Insured Welfare Plan
Non-Contributory Life Insurance (including Occupational Accidental Death (OAD)) and Contributory Life Insurance (including Dependent Life and AD&D)	Connecticut General Life Insurance Company (A CIGNA Company) 900 Cottage Grove Road Bloomfield, CT 06002 Medical Underwriting 1-800-845-3315 Conversion Policies 1-800-423-1282	505	Experience-Rated Fully-Insured Welfare Plan
Pension Plan	PLAN TRUSTEE: Mellon Bank Trust Pensioner Service Center P.O. Box 569, Pittsburgh, PA 15230 Customer Service 1-800-320-2495	001	Defined Benefit Plan
Savings and Investment Plan	PLAN TRUSTEE: Bankers Trust 130 Liberty Street – 20th Floor New York, NY 10006 Customer Service 1-800-360-2747	002	Defined Contribution Plan



Eligibility for benefits should not be viewed as a guarantee of employment. Also, while WSRC/BSRI intends to continue providing a comprehensive benefits program, WSRC/ BSRI reserves the right to modify or terminate any of the benefit plans at any time. For more information on the procedures to modify or terminate benefit plans, refer to the section titled “Future of the Plans” in this book.